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I. EXECUTIVE SUMMARY

This document represents the Office of Medical Services (OMS) senior management analysis of the Phase II and III planning papers and summary capabilities work sheet, and the long-term forecast of medical "support capabilities" which will be needed through the remainder of this decade. OMS management has assumed a favorable policy climate which will permit a moderate increase of resources (money and manpower), use of new technology, and creative management.

For the purpose of describing the impact on OMS and its response to the potential requirements identified in each of the ten-year planning papers, we have divided OMS into four functional categories:

- a. Selection and Evaluation. This process involves clinical, psychiatric, and psychological screening of applicants and evaluation of both employees and dependents pre- and post-overseas assignment.
- b. Support of Operations and Intelligence Production. This support assists the clandestine service (Agency and Intelligence Community) in the development and retention of agents and assets, and production of intelligence.
- c. Health Support. This is the traditional medical support plus a potpourri of additional services such as counseling, training, health lectures, etc.
- d. Internal OMS Support. This represents the traditional support services such as personnel, budget, medical administration, etc.

In matching OMS' functional areas with the summary of potential capabilities by area of growth and targets, we found that there were a total of 63 potential capabilities that OMS could be requested to support. These consisted of 19 for Selection and Evaluation, 28 for Support of Operations and Intelligence Production, and 16 for Health Support. Internal Management Support which consists of the traditional support functions such as personnel, budget, and in particular the Computer Assisted Medical Processing System (CAMPS) would require resources proportionally to the expansion of OMS.

Based on the manpower figures which were provided in the planning papers, there will be an overall Agency growth of approximately

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as well as overseas will require corresponding growth in space, personal and nonpersonal funds over the next ten years. If the Agency and/or OMS growth is curtailed, OMS will strive to meet its obligations as effectively as possible by reordering priorities.

II. OVERVIEW

A. The major concerns that have driven OMS resource strategy for the past several years, and not necessarily in order of priority, are:

- Provide a medical program for selection of employees and dependents going overseas.
- Conduct and improve a psychological and medical program to improve selection and retention of Agency personnel.
- Provide training and direction in the management of terrorists.
- Provide human factors analysis and research in support of DDS&T (NPIC, OD&E) and NFAC (Project SAFE).
- Direct and support the Agency's overseas and U.S. field medical programs.
- Provide timely medical support to the Operations Directorate and psychobiographic expertise to security and the intelligence production.
- Continue development of the Computer Assisted Medical Processing System (CAMPS).
- Conduct professionally current programs in health and preventive medicine, clinical and psychiatric medicine.
- Provide an effective Alcohol Program.

It is only in the last year and a half that OMS has received additional resources to meet increasing workloads, particularly in the areas of selection and recruitment and in the Center for Counterterrorism and Crisis Response.

B. Briefly, OMS' current major issues involve:

- Recruitment, selection, and retention of suitable and high caliber medical officers and medical services officers who are willing to serve on a worldwide basis.
- Recruitment, selection, and retention of high caliber Ph.D. assessment psychologists.

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- Accomplishing the medical and psychological evaluations of applicants on a timely basis.
- Providing operational support to the Intelligence Community in a timely fashion particularly surge requirements [redacted] 25X1
[redacted] 25X1
- Obtaining sufficient information and lead time to recruit and/or furnish manpower to special projects.
- Having sufficient resources to support the CAMPS program which will have a tremendous impact on the efficiency of OMS operations particularly in the next decade.
- Having sufficient resources, perhaps a "Development Complement" resource, so that surge requirements can be met without continually jeopardizing the quality and quantity of resources and functions in Headquarters. This would also allow the professional training required for OMS personnel to stay current with the "state of the art."
- Having sufficient Regional Medical Officers and Medical Services Officers overseas with the right geographical or "need" distribution.

C. Future Directions, Themes, and Potential Problem Areas.

Future Directions

- Coordination and identification of applicant medical processing priorities and resolution of problems to expedite all applicant selection processing.
- Increase human factors analysis support to the Intelligence Community.
- Expansion of resources and consolidation of psychiatric operational functions to support [redacted] anti- 25X1 terrorism, and operational activities.
- Expansion of clinical operational support to the Director of Operations.
- Development of an expanded regional medical system manned by one medical officer and one medical services officer in each divisional area overseas with medical satellites in high-risk areas [redacted] manned by med 25X1 officers or medical services officers.

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- Development of an expanded preventive health program to confront and deal with increasing numbers of real and perceived health problems related to "occupational exposures."
- Continued integration of data in psychological, psychiatric, and medical files with relevant data in Human Resource System (HRS) which will allow intelligent decisions and quick responses to administrative as well as medical questions.
- Development of a new system for processing, scoring, and reporting results of the Professional Applicant Test Battery (PAT-B), and planning for other futuristic applications of the system.
- Provide high quality, readily available health support to employees and dependents, domestically and overseas, to include determining the feasibility of developing an Agency medical evacuation flight system particularly in high-risk areas.
- Review current medical orientation and training programs, refine existing programs, and develop new programs to support Agency mission.
- Further development of the Computer Assisted Medical Processing System (CAMPS) and determination of the feasibility of the Medical Audiovisual Information Network (MAVIN) and other advances in medical technical systems to transmit vital signs, e.g., blood pressure and EKG, between bases, stations, and Headquarters.

OMS' Central Themes are:

- Since personnel continues to be the single most important resource of the Agency, OMS' primary goal is to assist in the selection and retention of the most qualified and suitable individuals with emphasis being placed on streamlining and exploiting existing capabilities and equipment.
- Continued expansion of all the professional disciplines in OMS to support operations and the intelligence production.
- Continue to develop a quality Agency health service viewed by the employee as an additional benefit and which will assist in the retention and productivity of Agency employees.

Potential Problem Areas

- Recruitment, selection, retention, and quick availability of qualified and suitable OMS employees particularly in the Medical Officer and Medical Services Officer career groups who are committed to worldwide assignments.
- General resource deficiencies caused by surge requirements which overtax existing manpower in Headquarters and cause manpower and functional shortfalls for long periods of time.
- Program resources generally not concurrent with the time they are required resulting in the "overage" dilemma.

III. PHASE II AND III PLANNING PAPERS

As previously stated in the Executive Summary, OMS was divided into four functional areas for the purpose of addressing the potential capabilities in these long-range planning papers. The following represents selection of applicants and evaluation of both employees and dependents, pre- and post-overseas assignments.

A. Selection and Evaluation

This function will be required to support 19 of the 63 potential capabilities listed in the long-range planning. One of the key elements in each of the five planning papers, and the area where OMS has a great potential contribution to make, is in the recruitment and selection and retention of personnel of the highest quality and suitability to carry out the Agency mission. All five papers stress the need for an expanded work force, and several of the papers call for the selection of suitable employees with greater talents and capabilities as well. In addition to the planned expansion of personnel and the development of new, highly complex technology, such as in the DDS&T Directorate, there is a trend toward developing more sophisticated data processing and communications hardware, more sophisticated intelligence collection systems, more complex organizational entities to support the expansion efforts underway, improvements in work-relation environments of all types, and discovering new and more efficient ways of extracting intelligence information from technical data. These trends require that each system be conceived and designed in a manner consistent with capabilities of humans who must operate them. It becomes quite apparent that OMS will have a vital role to play in any effort to expand and improve the Agency work force. We will address first the selection of applicants.

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Psychological Services Division - Increased applicant employee testing is not a projected impact through the next ten years but a current reality in PSD. [REDACTED] 25X1
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lesser magnitude in other employee testing as well. It is clear that PSD will continue to have a major role to play in the Agency's further expanding work force. Whether PSD will require more manpower for testing over the programmed FY 1984 increase really depends on the yearly rate of increase of employee and applicant testing over the next decade. The following summarizes in general terms the potential impact on PSD by Agency components.

-- The Intelligence Directorate reports a major need for analysts with training and background in economics. The PSD Research Branch may be requested to undertake a study to determine the PAT-B correlates of successful job performance as an Agency economic analyst so that the future selection of economic analysts can be improved.

-- The Operations Directorate projects a significant increase in the number of case officers assigned to overseas posts. PSD will probably be requested to identify and focus on factors in testing and assessment predictive of the ability to function effectively in overseas assignments. PSD Research Branch will be assisting in identifying some of these factors.

-- The Operations Directorate plans to recruit and train [REDACTED] 25X1

-- Guaranteed employment opportunities for spouses will be necessary if the Agency is to attract and retain a work force willing to move frequently, especially from one overseas assignment to another. As a result, increased attention will be paid to the psychological make-up of spouses to determine their flexibility and willingness to cope with the conditions found in many overseas assignments. Increased use of the PSD "mini-assessment" of spouses is a strong possibility in view of the potential impact a spouse can have on an Agency employee's short-term assignability and consequently his or her long-term career.

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Selection Support Branch/Psychiatric Division and Selection Processing Division - The simple fact of increased numbers of applicants over the near future demands that SSB and SPD not only review their applicant screening procedures with an eye toward expanding manpower and space resources, but also use automation and technology in those aspects of processing which allow substitution for the human, e.g., (A) adaptation of psychiatric and clinical screening devices for rapid administration through a computer terminal and immediate review/profiling (by means of computer software) for evaluation and (b) substitution of technology for the human element in tasks which are largely clerical/routine in nature.

The Agency's planning emphasis upon increased technology/automation also has a nonobvious impact upon SSB activities. Increased automation is characteristically accompanied by increased centralization of information bases; i.e., the more efficient an information processing system becomes, through reliance upon technology, the more vulnerable it becomes. (A single individual, by means of perhaps a computer terminal, may gain access in a matter of minutes to more information than the same person, without automation, might ever have been exposed to over years of routine Agency employment.) Thus, plans for increased automation of Agency operations points up the requirement for expanded, more detailed psychiatric evaluation of applicants in terms of stability and reliability. Since these requirements cannot be met solely through refined psychiatric evaluation techniques, it is necessary that SSB review methodologies for achieving rapid and valid integration of "all-source" data on applicants; viz., data integrated from personnel (OP), psychology (PSD), and security (OS) sources. Adaptation of information-processing technology at this time seems to hold promise of meeting these requirements, and such technology is being reviewed in terms of its capabilities.

Employee and dependent pre- and post-overseas medical evaluations are the function of three divisions -- CAD, PD, and SPD. Their projected increased workload

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All three divisions are striving to improve their efficiency with similar means as stated in selection of applicants, e.g., automation, new technology, and innovative management. But when gains are made, the freed resources are quickly reapportioned to support new tasks. Thus, if one looks at the manpower increase in absolute

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Alternative Strategies

Alternative Strategy 1. Aim for growth in OMS positions

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Alternative Strategy 2. Aim for growth in OMS to about

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Alternative Strategy 3. Hold OMS growth to FY 1984 level

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Alternative Strategy 4. Same as 3 above but contract out traditional medical functions (generally of short duration) that do not require any Agency expertise or have impact on cover, security, or operational tradecraft. Above all they must be cost-effective.

C. Health Support Functions

These remaining nine OMS functions are projected to support 16 (by area growth and targets) potential capabilities over the next ten years, the largest growth in support functions being shared by the Field Activities, Training, and Environmental Health and Preventive Medicine Activities, followed by Health Room Functions. A brief description of these functions will allow the reader a clearer idea

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Training Functions. In the first six months of FY 82, the Training Branch of the Field Operations Division gave

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Preventive Medicine Functions. The Environmental Health and Preventive Medicine Officer recommends OMS policy and reviews procedures regarding preventive medicine and employee

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Health Room Facilities (Headquarters and Satellites). Health rooms are designed to handle all common on-the-job illnesses and injuries, to provide definitive treatment, and

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provides the Agency employee with allergy desensitizations saving him sick leave and perhaps the expense of a doctor's visit. but most importantly saves the Agency an estimated

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Psychiatric Support. Along with its SSB that evaluated both applicants and dependents, Psychiatric Division does special evaluation of employees and dependents assigned to denied areas and those under nonofficial cover and also performs special studies, e.g., stress, adolescent re-entry, and psychobiographic studies of disaffected employees.

Laboratory Services. There are two laboratory service

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Alcohol Program. The Alcohol Program is designed to increase employee awareness of this serious problem through employee education and to enhance finding by educating supervisors. This program also provides for counseling and case management of alcoholic employees and arranges hospitalization and treatment.

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Counseling. Career and vocational counseling, as well as pre-retirement counseling, is provided to Agency employees. All counseling is based upon psychological testing which provides an individual information about himself and allows him to focus on means of improving interpersonal or managerial effectiveness, career direction, plan for additional education, and assist in a smoother transition from the closed Agency environment to a second career in the community.

Consultative Services. Consultative Services provide Agency employees easy and informal access to OMS professional expertise. Approximately 600 cases are handled a year. This provides a significant means of surfacing medical problems before they adversely affect an employee's performance, career, or health.

D. Internal OMS Support

Internal OMS support performs the traditional support functions, e.g., finance, personnel, logistics, registry, medical administration, and management and direction of CAMPS, the backbone of the OMS ADP system. In addition, the Medical Services Officers in this division

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IV. RESOURCE REQUIREMENTS

The following represents the resources needed to accomplish the capabilities identified in Section III above and includes resources needed to cover proposed alternative courses of action. Since overseas resources are programmed against the Directorate of Operations area divisions, they will not be listed. It is sufficient to say that DDO will probably require

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The resources needed to support the previously listed alternative strategies are listed in priority order below:

Alternative Strategy A - aim for growth in OMS positions to

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Alternative Strategy B - aim for growth in OMS

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Alternative Strategy C - hold OMS growth to FY 1984 level of

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Alternative Strategy D - same as C above, but contract out traditional medical function

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